



City of Torrance

Community Services Department

3031 Torrance Boulevard, Torrance, CA 90503 (310) 618-2720

"Creating and Enriching Community through People, Programs and Partnerships"

P.A.C.E. CRITERIA

Providing Assistance for Citizen Enrichment

Financial assistance may be available to Torrance residents for **children under 18 years of age** and for **seniors ages 50+** (proof of age will be required) for the City of Torrance Community Services Department classes and programs.

The amount of the assistance will be awarded **annually** (July 1-June 30) based on the availability of funds. Scholarships may not be used for camp excursions, t-shirts, entertainment activities, membership fees, late fees, rental fees, administrative fees or club dues/fees. A maximum of \$30 per person may be used for each Torrance Travelers Excursion. Assistance will be considered for families which meet the income criteria listed below.

Applications must be submitted at least one week prior to registering. You will be advised by mail regarding the amount awarded and how you may use the funds.

HOW TO APPLY

1. Parent/Guardian or applicant must complete a Financial Assistance Application (please see reverse side) and attach the following:
 - **Proof of Torrance residency** – Attach copy of proof such as a valid driver's license, car insurance, car registration or current public utility bill (phone bills not accepted). Proof will also be required if you move, or if mail is returned.
 - **Proof of Income** – Attach copy of proof for **each** income source such as last year's tax return, your last **two** pay stubs, current Federal Assistance income, SSI or Disability income documentation, child support/alimony. Income is based on your Gross Income for the previous twelve (12) months.

# Family Members	Annual Gross Family Income	# Family Members	Annual Gross Family Income
1	\$29,000	5	\$44,750
2	\$33,150	6	\$48,050
3	\$37,300	7	\$51,350
4	\$41,400	8	\$54,650

The United States Department of Housing and Urban Development standards are used in defining income levels. (rev 2013)

2013/2014 FINANCIAL ASSISTANCE APPLICATION - CONFIDENTIAL

Head of Household _____
Last First Middle
()

Address _____ City Zip Home Phone
()

Work/Cell Phone _____ E-Mail Address _____

List ALL Dependent Family Members (including yourself)	Date of Birth	Age	Gender	Relationship to Head of Household

INCOME RESOURCES OF FAMILY: Report total income for each item below and attach copy of proof for each income source:

Source	Monthly Income / Annual Income
a. Money, Wages or Salary	_____
b. Social Security Income	_____
c. Public Assistance/Welfare	_____
d. Unemployment or Disability	_____
e. Child Support /Alimony	_____
GROSS FAMILY INCOME	_____

Classes and/or programs you intend to use the scholarship for: _____

I affirm to the best of my knowledge and belief that the above statements are true.

Signature _____

Date _____

Scholarships expire June 30, 2014 and cannot be carried over.

(FOR OFFICE USE ONLY)

Fiscal Year <u>2013/2014</u>	Amount Approved: \$ _____
Approved by: _____ Manager's Signature	Date: _____

Date	Initials	Receipt #	Amount Used	Total Used	Balance Available